

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Kacy Walker dba Semper Fi Tours

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2020 - 64 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Semper Fi Tours LLC

Telephone:

803-286-8687

Address: 1200 Memorial Park Rd

Fax:

864-999-2017

Lancaster, SC 29720

Other:

704-808-0339

Email: semperfitours@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☒ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: 

RECEIVED
FEB 14 2020
PSC OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 02-12-2020

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Semper Fi Tours LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
1200 Memorial Park Rd
Street Address of Applicant
Lancaster, SC 29720
Mailing Address of Applicant (if different from street address)
803-286-8687 864-999-2017
Phone Fax
semperfitours@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

Kacy Walker

Harvey Moore

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Semper Fi Tours, LLC

Name of Applicant

1200 Memorial Park Rd., LANCASTER, SC 29720

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 38,136.00

Limits \$ 5,000,000.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Columbia Insurance Co. : National Group of Ins. Companies

Name of Insurance Company

1314 Douglas St., Ste. 1400, Omaha, NE 68102

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Semper Fi Tours LLC

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210


Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

CEO
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Lancaster)

SWORN TO BEFORE ME
This 12th day of February, 2020



Notary Public

Commission Expires 08/21/2021

Detach; complete and remit AFTER your safety audit has been performed by State Transport Police.

Sempër Fi Tours LLC

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☒ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I, Kacy Walker, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME
This 12th day of February, 2020

[Signature]
Notary Public

[Signature]
Applicant's Signature

Commission Expires 08/21/2021

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Semper Fi Tours LLC, a limited liability company duly organized under the laws of the State of South Carolina on August 14th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 15th day
of August, 2019.


Mark Hammond, Secretary of State

Company Vehicle List

(all vehicles used in the past 365 days)

[illegible]

SOUTH CAROLINA NATIONAL INDEMNITY INSURANCE
IDENTIFICATION CARD
An insurance policy has been issued that meets the requirements of the South Carolina Motor Vehicle Liability Insurance Responsibility Law of 1977.

COMPANY NUMBER 71 **COMPANY** Columbia Insurance Company
POLICY NUMBER 71 APS 091484 **EFFECTIVE DATE** 01/10/2020 4:41 PM **EXPIRATION DATE** 01/10/2021 12:01 AM
YEAR 2002 **MAKE/MODEL** FREIGHTLINER FB65 **VEHICLE IDENTIFICATION NUMBER** 4UZAABZW62CK13538
GENERAL AGENCY ISSUING CARD
JMJ Insurance
2940 Horizon Park Drive Suite F
Suwanee, GA 30024
INSURED
SEMPER FI TOURS LLC
1200 MEMORIAL PARK RD
LANCASTER, SC 29720

M-4566a (11/1999) SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND

Report All Accidents To:
1-800-356-5750
24 Hour Toll Free

Claims may also be reported at
claims@nationalindemnity.com

NORTH CAROLINA INSURANCE POLICY INFORMATION CARD

COMPANY NUMBER
70

COMPANY
National Indemnity Company

POLICY NUMBER
70 APS 085487

EFFECTIVE DATE
03/12/2019 12:01 AM

EXPIRATION DATE
03/12/2020 12:01 AM

YEAR
1996

MAKE/MODEL
PREVOST BUS

VEHICLE IDENTIFICATION NUMBER
2PCH33497T1011445

GENERAL AGENCY ISSUING CARD
Commonwealth Underwriters, Ltd.
2112 West Laburnum Ave, Ste 105C
Richmond, VA 23227
INSURED
SEMPER FI TOURS LLC
1219 WOODLAND DR
CHARLOTTE, NC 28205

M-4566a (11/1999) SEE IMPORTANT NOTICE ON REVERSE SIDE

CUT ALONG THIS LINE

KEEP THIS CARD IN YOUR MOTOR VEHICLE WHILE IN OPERATION

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
claims@nationalindemnity.com

The current status of actual motor vehicle liability coverage is maintained by the North Carolina Dept. of Motor Vehicle Safety and is accessible to law enforcement agencies upon a check of the vehicle registration.

CUT ALONG THIS LINE

NORTH CAROLINA INSURANCE POLICY INFORMATION CARD

COMPANY NUMBER
70

COMPANY
National Indemnity Company

POLICY NUMBER
70 APS 085487

EFFECTIVE DATE
03/12/2019 12:01 AM

EXPIRATION DATE
03/12/2020 12:01 AM

YEAR
1996

MAKE/MODEL
PREVOST BUS

VEHICLE IDENTIFICATION NUMBER
2PCH33497T1011445

GENERAL AGENCY ISSUING CARD
Commonwealth Underwriters, Ltd.
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Richmond, VA 23227
INSURED
SEMPER FI TOURS LLC
1219 WOODLAND DR
CHARLOTTE, NC 28205

M-4566a (11/1999) SEE IMPORTANT NOTICE ON REVERSE SIDE

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KEEP THIS CARD IN YOUR MOTOR VEHICLE WHILE IN OPERATION

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
claims@nationalindemnity.com

The current status of actual motor vehicle liability coverage is maintained by the North Carolina Dept. of Motor Vehicle Safety and is accessible to law enforcement agencies upon a check of the vehicle registration.

CUT ALONG THIS LINE

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT



Quote: 646016.1

280 Technology Parkway, Suite 200
Norcross, GA 30092
(phone) 866-246-9691 (fax) 866-246-9692

<input checked="" type="checkbox"/>	COMMERCIAL
<input type="checkbox"/>	PERSONAL
<input checked="" type="checkbox"/>	NEW CONTRACT
<input type="checkbox"/>	ENDORSEMENT TO EXISTING

BORROWER (Insured): Name and Address (as stated in policy) Semper Fi Tours LLC 1200 Memorial Park Rd Lancaster, SC 29720 TELEPHONE: 704-808-0339 FAX:	PRODUCER (Agent/Broker): Name and Place of Business Alliance Capital Investment Group, Inc. 2940 Horizon Park Dr Suwanee, GA 30024 TELEPHONE: 770-754-0882 FAX: 111-111-1111
In consideration of the premium(s) paid or to be paid by US Premium Finance (USPF, Lender) on behalf of the Borrower, Borrower promises to pay to the order of USPF the Total of Payments, subject to the provisions hereinafter set forth.	

FEDERAL TRUTH-IN-LENDING DISCLOSURE STATEMENT

1. TOTAL PREMIUM(s)	2. DOWN PAYMENT	3. UNPAID PREMIUM BALANCE	4. FL DOC STAMP CHG <small>Applicable in Florida Only</small>	5. AMOUNT FINANCED <small>Amount of Loan provided to or on behalf of the insured</small>	6. FINANCE CHARGE <small>The dollar amount of interest the Loan will cost over the term of the Loan</small>	7. TOTAL OF PAYMENTS <small>Amount of interest and principal which will have been paid on the Loan after making all scheduled Loan payments</small>	8. DEFERRED PAYMENT PRICE
\$62,139.00	\$15,684.75	\$46,454.25	\$0.00	\$46,454.25	\$2,304.15	\$48,758.40	\$64,443.15
9. ANNUAL PERCENTAGE RATE <small>The cost of interest on the Loan as a yearly percentage rate</small>		10. AMOUNT OF EACH PAYMENT		11. NUMBER OF PAYMENTS		12. WHEN FIRST PAYMENT IS DUE	
10.68%		YOUR PAYMENT SCHEDULE WILL BE >		\$4,875.84		10 Monthly	
						2/10/2020	

SECURITY: You are giving a security interest in any and all policies or other collateral listed on the Agreement.
LATE CHARGE: 5% of the installment amount.
PREPAYMENT: If you pay off the loan early, you may be entitled to a refund of part of the finance charge.
AMORTIZATION SCHEDULE: Check box for amortization detail. ☐

BOX #3 ABOVE: Paid to insurance companies, intermediary brokers or Agents listed here and in the Schedule of Policies.
BOX #4 ABOVE: Official fees paid to Florida Department of Revenue.
CONTRACT REFERENCE: See the agreement for more information about non-payment, default, any required repayment in full before the scheduled date, pre-payment refunds and security interest.

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	TYPE OF COVERAGE	MINIMUM EARNED PREMIUM	POLICY TERMS IN MONTHS COVERED BY PREMIUM	PREMIUM AMOUNT
	1/10/2020	National Indemnity Company AmWINS Transportation Underwriters 3035 South Church Street Burlington, NC 27215	COMMERCIAL AUTO (W/O FILINGS)	0%	12	Prem: \$38,136.00 Taxes: \$0.00 Fees: \$0.00

Notes: (1) If a check is tendered for the down payment and the check is dishonored, this Agreement shall be deemed not to have been accepted even if notification of acceptance has been issued by US Premium Finance; (2) Rescinding or otherwise invalidating any of the policies is equivalent to cancellation of the policy(ies); (3) Non-Payment may result in cancellation of the policies.

NOTICE TO INSURED: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE SERVICE CHARGE.

THE UNDERSIGNED BORROWER AND OR ITS REPRESENTATIVE INSURANCE AGENT OR BROKER HAS SIGNED THIS LOAN AGREEMENT WHICH CONSISTS OF THIS PAGE, THE DISCLOSURE STATEMENT AND ANY ADDITIONAL PAGES WHICH MAY CONTAIN A SCHEDULE OF POLICIES. EACH HAVE RECEIVED A COPY OF THIS LOAN AGREEMENT AND AGREE TO ALL OF THE TERMS OF THIS AGREEMENT, NOW THEREFORE ON

THIS 17th DAY OF 2020
X Kacy J Walker
PRINT NAME OF BORROWER

X Kacy J Walker
SIGNATURE OF BORROWER

AGENT/BROKER CERTIFICATION

The undersigned Agent/Broker, hereinafter referred to as "Agent", hereby represents and warrants that all policies listed in this agreement have been issued and delivered, and are in force and effect, that the policies listed in this agreement are not currently nor have they ever been the subject of any other premium finance agreement, that the down payment as shown in the contract has been paid (in good funds), that all policies therein were issued by the agency, and that all information, including the cancellation provisions effecting the return premium, for any of the policy(ies) listed has been accurately represented in the quote and any and all fully earned provisions that exist in the policies named in this loan have been disclosed. The Agent warrants that the above contract evidences a bona fide and legal transaction, that the Borrower's business is not cannabis related, the Borrower is of legal age and as the capacity to contract, and if signed in corporate capacity, that the signatory has the authority to sign on behalf of such entity, that the Borrower has not filed for or is not preparing to file for bankruptcy protection, that the Borrower's signature is genuine, and that Agent has delivered a copy to the Borrower. Agent agrees that if any warranties contained in this Agreement are found to be untrue, it will immediately remit to US Premium Finance the full amount then remaining unpaid on this premium finance agreement. Upon termination of this Agreement or cancellation or rescission of any scheduled policies, the Agent agrees to pro-rata return any and all premiums, commissions, premium finance fees, risk management fees, and, Broker fees to US Premium Finance within ten (10) business days of receipt or according to applicable state law. Agent agrees to indemnify US Premium Finance against any damages, costs or expenses incurred in connection with any untrue, misleading or fraudulent representation or warranty made by Agent hereunder.

X Michael James
PRINT NAME OF AGENT OR BROKER

X Michael James
SIGNATURE OF AGENT OR BROKER

FOR FIN CO. USE

ACCEPTED FOR PROCESSING - 2020 February 18 12:02 PM - SCPSC - 2020-64-T - Page 13 of 15



Quote: 646016.1

[illegible]



FUNDING BREAKDOWN BY POLICY

Semper Fi Tours LLC

1/10/2020

Insured Name

Date

Alliance Capital Investment Group, Inc.

646016.1

Producer

Quote Number

Policy Number	Policy Type	Insurance Company / GA	Down Payment Amount	Funding Amount
	COMMERCIAL AUTO (W/O FILINGS)	National Indemnity Company AmVINS Transportation Underwriters 3035 South Church Street Burlington, NC 27215	\$9,534.00	\$28,602.00
	EXCESS LIABILITY	National Fire & Marine Insurance Co. AmVINS Transportation Underwriters 3035 South Church Street Burlington, NC 27215	\$6,150.75	\$17,852.25

Please indicate any special activation or funding requirements:

Please email signed and dated contracts to US Premium Finance at pfa@USPremiumFinance.com



Columbia Insurance Company
 National Fire & Marine Insurance Company
 National Liability & Fire Insurance Company
 National Indemnity Company
 National Indemnity Company of the South
 National Indemnity Company of Mid-America

Public & Special Types Application

Review the application for accuracy. * denotes information that needs to be completed.

1. Policy Term 01/08/2020 - 01/08/2021
2. Named Insured SEMPER FI TOURS LLC
- * 3. DBA _____
4. Entity Type ☐ Individual ☐ Partnership ☒ Corporation ☐ Other _____
- * 5. Business Phone Number 704-808-0339 Email Address semperfitours@gmail.com
- * 6. Mailing Address 1200 MEMORIAL PARK RD Website _____
7. City Lancaster State SC Zip 29720
- * 8. Premises Address 1200 Memorial Park Rd
- * 9. City Lancaster State SC Zip 29720
- * 10. ☒ Yes ☐ No Have you ever had insurance with one of the companies listed above?

Coverages			
Liability	\$5,000,000	Combined	Single Limit
Uninsured Motorist	\$1,000,000	Combined	Single Limit
Underinsured Motorist	\$1,000,000	Combined	Single Limit
Medical Payments	NOT Purchased		